

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036087  
STATE FILE NUMBER

HEALTH, WELFARE & PUBLIC SERVICE

FILED NOV 3 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1028

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY HOSP 9 yrs Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 431 E TAMPA ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EARL PIKE First Middle Last		4. DATE OF DEATH Oct 25 1958 Month Day Year	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY-24-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAVE SPRINGS MO U.S.
13. FATHER'S NAME HENDERSON PIKE		14. MOTHER'S MAIDEN NAME MARY STEWART	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ORAL PIKE 431-E TAMPA Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-renal Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Oct 20, 1958 to Oct 25, 1958 and last saw him alive on Oct 25, 1958. Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herman D. Brown M.A.		22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 10/27/58
23a. BURIAL, CREMATION, RESERVATION (Specify) BURIAL	23b. DATE Nov-1-1958	23c. NAME OF CEMETERY OR CREMATORY CAVE SPRINGS CEM	23d. LOCATION (City, town, or county) (State) CAVE SPRINGS MO
24. FUNERAL DIRECTOR ADDRESS Herbert V Smith 602 N Jefferson		25. DATE RECD. BY LOCAL REG. 10-31-58	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Herbert V Smith*.....

Licensed Embalmer No. *420*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting:  
If this body is not embalmed, fact should be so stated above.